MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10616889 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1	1							51						
2		2						52						
3		3						53						
4		4						54						
5		5						55						
6		6						56						
7		7						57						
8		8						58						
9		9						59						
10								60						
11								61						
12								62						
13		7						63						
14		10						64						
15		9						65						
16								66						
17								67						
18								68						
19								69						
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37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	1							TOTAL IND.						
TOTAL DEP.	24							TOTAL DEP.						
TOTAL CLAIMS	25							TOTAL CLAIMS						

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